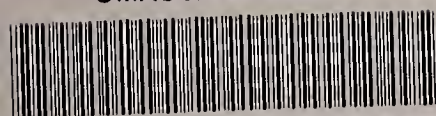


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EXECUTIVE OFFICE OF

HEALTH AND HUMAN SERVICES

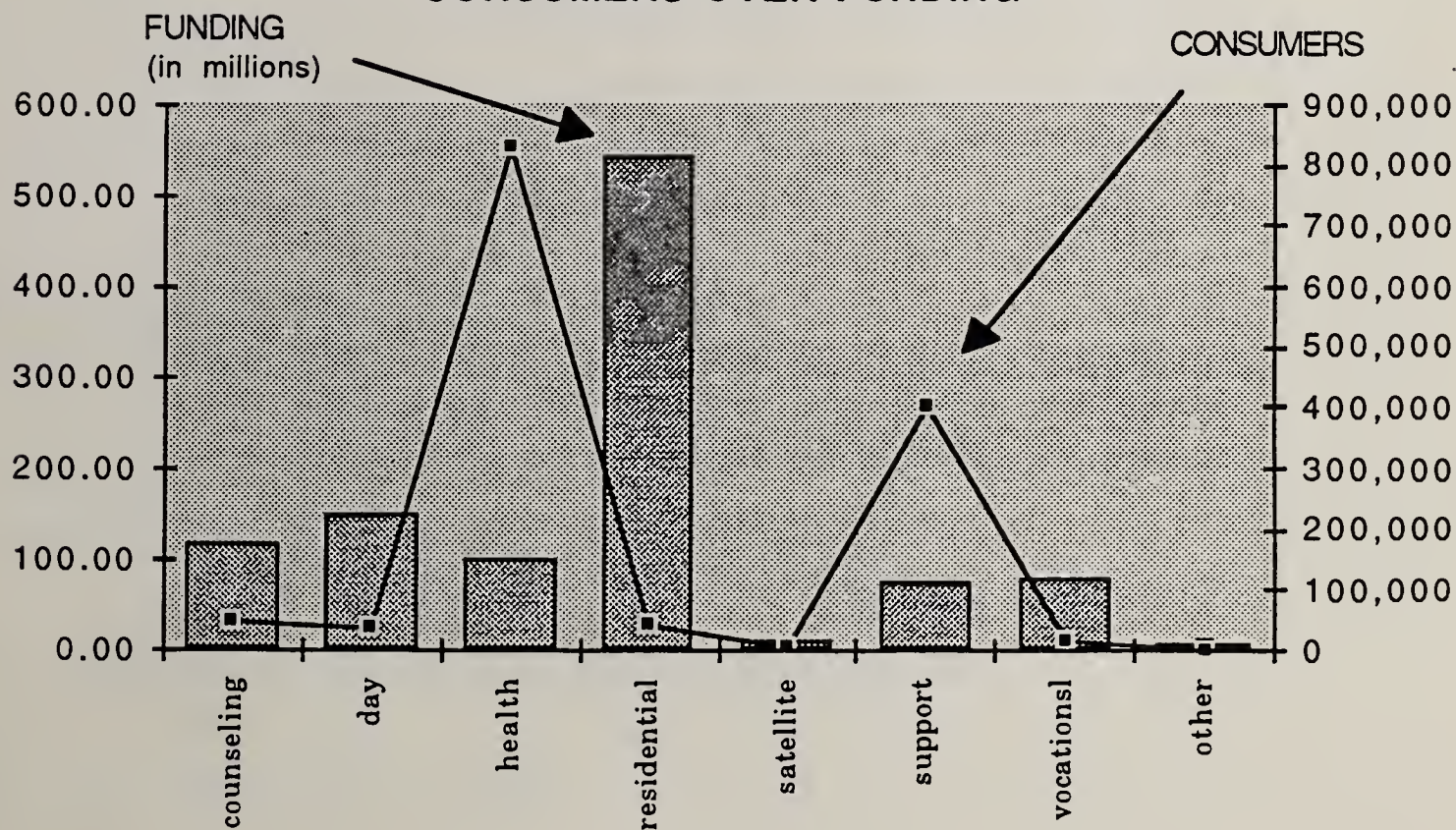
ONE ASHBURTON PLACE, ROOM 1109

BOSTON, MA 02108

Purchase of Service Task Force

Findings and Recommendations

CONSUMERS OVER FUNDING



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**EXECUTIVE OFFICE OF
HEALTH AND HUMAN SERVICES**

- 4/22/93 -

Purchase of Service (P.O.S.) Task Force

Findings and Recommendations

Introduction

**I. Secretariat - Wide and Agency Specific Summary
Data for FY'93**

- A. - Funding and Services Overview;**
- B. - Provider Overview; and**
- C. - Contracting / Competition Overview**
- D. - Oversight Overview.**

II. Recommendations for Reform

- A. - Short Term Recommendations; and**
- B. - Long Term Recommendations.**

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Introduction

In November 1992, the Secretary of Health and Human Services convened a task force charged to review the current Purchase of Service system within the Secretariat. The Task Force was comprised of the Commissioners and their designees from the five agencies that account for ninety percent of the POS budget - the Departments of Public Health, Mental Health, Social Services, Mental Retardation and Public Welfare. The Assistant Commissioner of the Division of Purchased Services and other staff from Health and Human Services were also Task Force participants.

The Task Force was charged with

- developing an accessible data base of services, providers and clients,
- analyzing systems for monitoring and oversight, and
- making recommendations for reform.

The Task Force members believe that the system currently used to purchase health and human services can be significantly enhanced in a number of key areas -

- First, steps can be taken through the issuance of new regulations and policies to insure that contracted services are both more "quality focused" and accountable to taxpayers.

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- Second, specific oversight practices and reporting requirements can be put into place which would provide clear and current monitoring of the performance of providers.

These proposed improvements will be discussed in detail later in this document.

The first section of this report presents an overview of the current P.O.S. system. The second section details the short and long term recommendations of the Task Force. The third section of the report is a statement of basic principles and minimum expectations that must guide the operation and oversight of the P.O.S. system within the secretariat. The final section identifies the next steps necessary to process and implement the recommendations of the report.

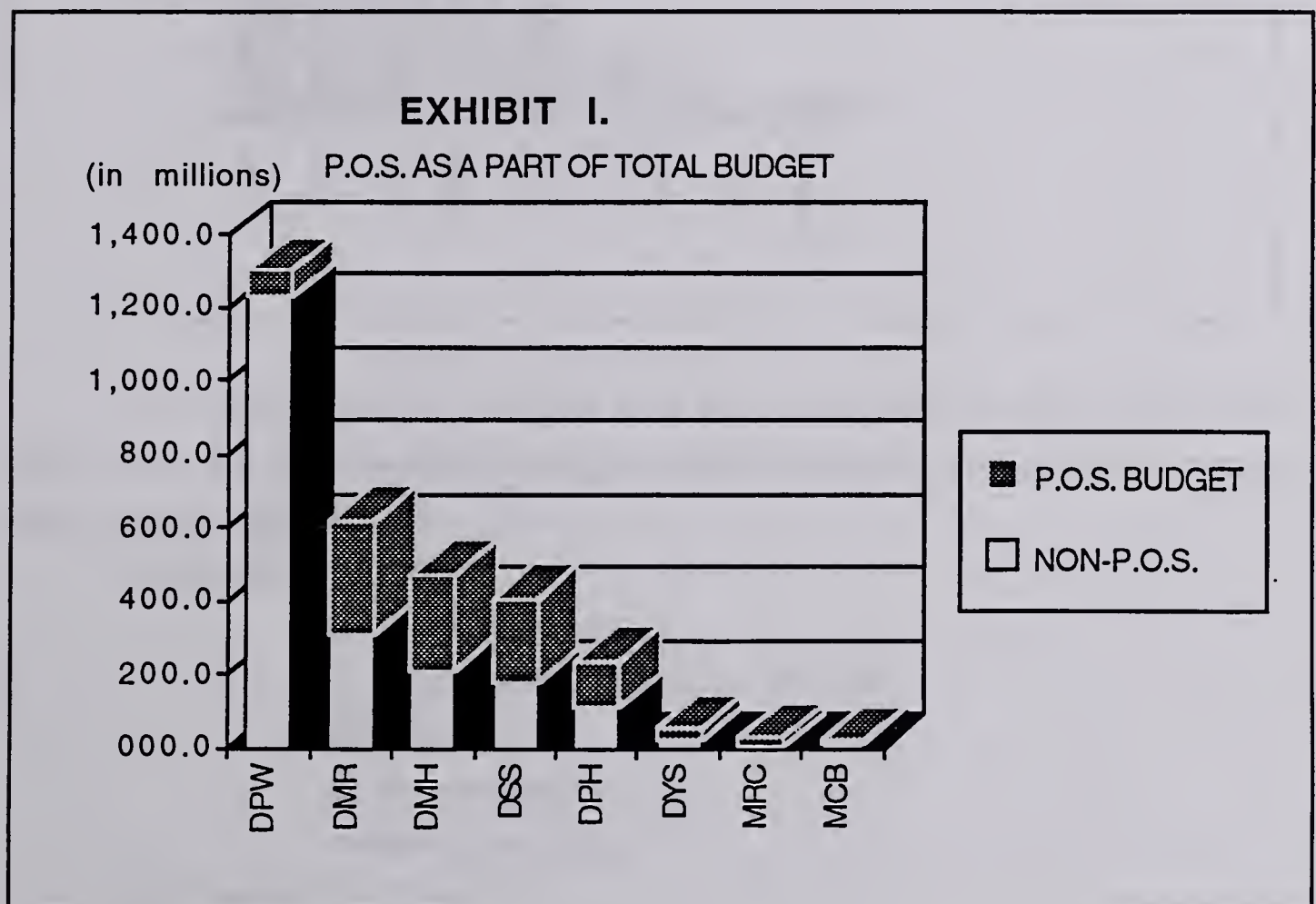
The Task Force has concluded that the progress of the past two years in reforming the P.O.S. system can and must be continued and enhanced over the next two years. The goal must be to insure that the Commonwealth is purchasing and measuring outcomes, rather than inputs. Ultimately, the system must be designed to serve customers and taxpayers instead of simply building and maintaining programs.

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I. Secretariat - Wide and Agency Specific Summary Data for FY'93

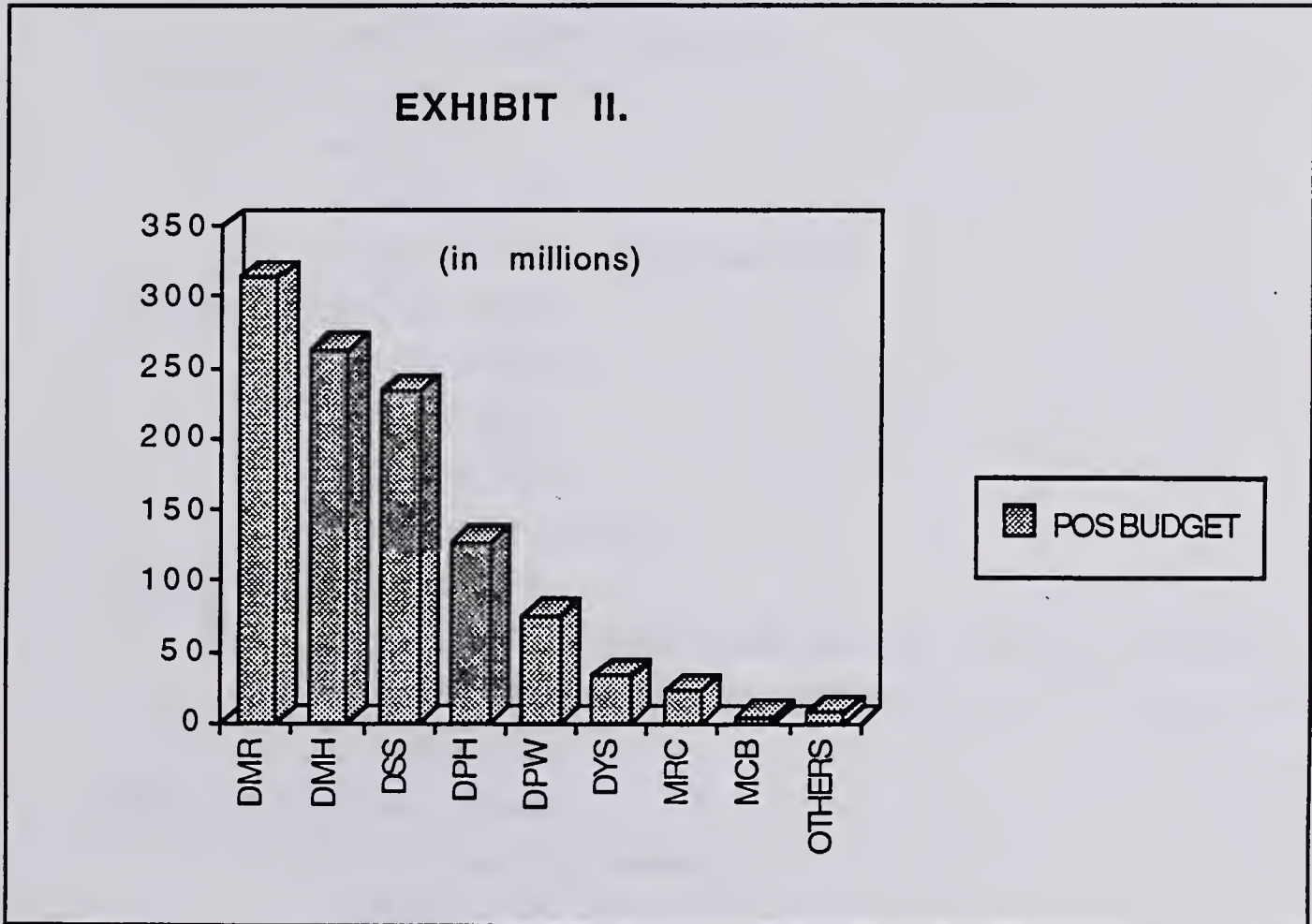
A. FUNDING AND SERVICES OVERVIEW

A diverse array of services are purchased through contracts with Community-Based Provider Agencies. These contracts are referred to as "07 contracts" or "MM contracts" referencing the State Accounting system organization code / category under which client services are purchased from providers. The P.O.S. system has grown tremendously over the past fifteen years, to the point where the P.O.S. budgets of DSS, DMH, DMR, DPH, MRC and DYS represent 50 percent or more of their total budgets (please see Exhibit I and Attachment A).



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Nearly 90 percent of the Health and Human Services P.O.S. system is purchased through four agencies: the Departments of Mental Retardation, Mental Health, Social Services and Public Health, as depicted in Exhibit II.



The many different services that are purchased through the P.O.S. system can be summarized into eight broad categories that allow for macro-level analysis. Specifically -

"Counseling" includes:

- emergency services;
- diagnostic and evaluation services;
- treatment;
- case management; and
- casework services.

"Day" programs include:

- educational;
- day treatment;
- social clubs; and

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- child care services.

"Residential" services include:

- temporary;
- institutional;
- group home;
- and home-based programs.

"Vocational" programs include:

- education;
- workshop; and
- supported employment services.

"Satellite" programs include:

- off-site programs;
- home health;
- outreach; and
- parent aide services.

"Health" programs relate to:

- medical and physical health services, including drug and alcohol addiction services, generally under the supervision of a physician.

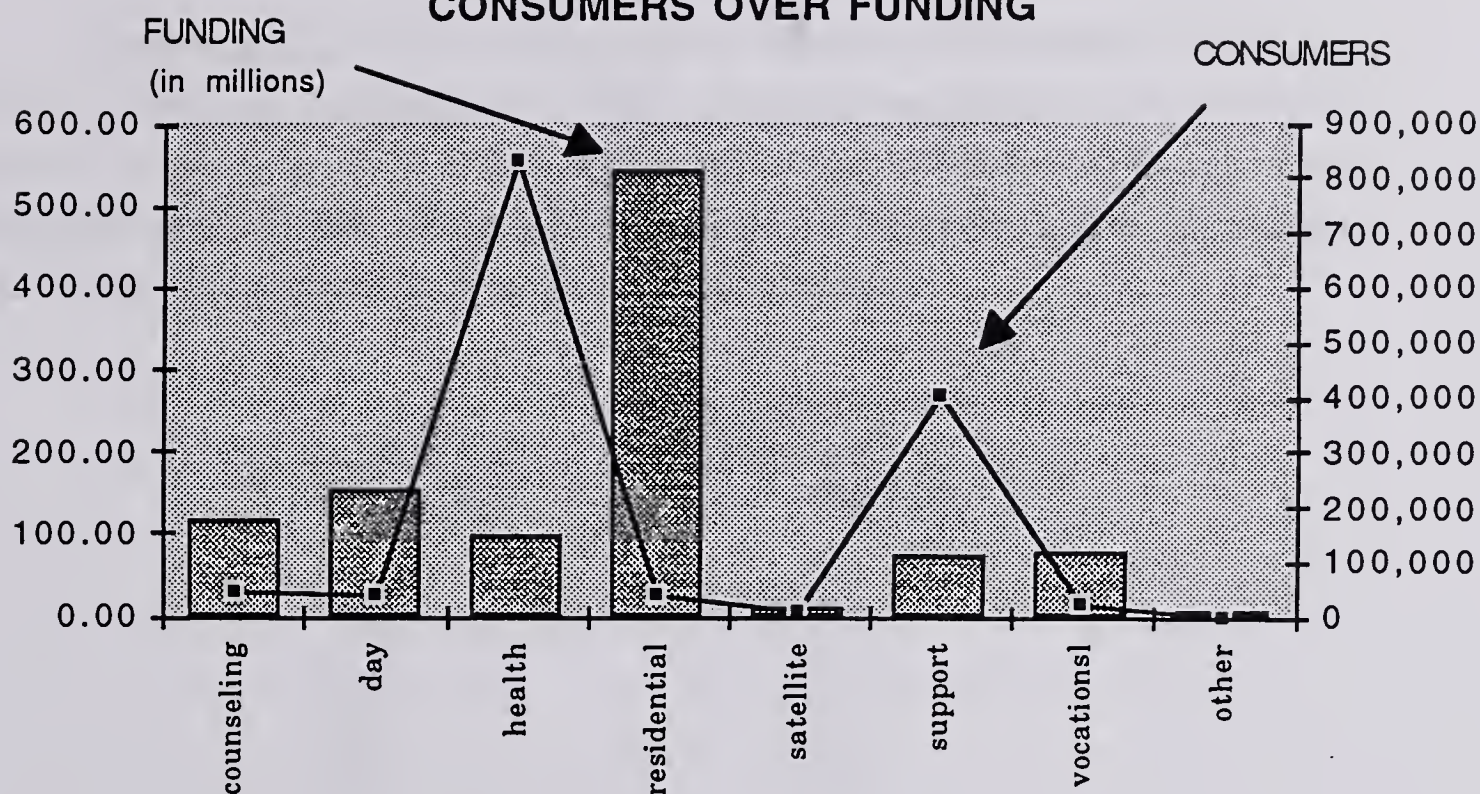
"Support" programs include:

- information and referral;
- transportation; and
- public information type services.

As seen in Exhibit III, there is nearly an inverse relationship between the number of consumers served and the cost of providing those services. For example, although 50 percent of the P.O.S. funding is for residential services, only 3 percent of the clients in the Health and Human Services P.O.S. system are served through residential services. The average cost for these services (occupancy as well as personnel) is between \$27,000 and \$36,000 per year per bed. By comparison, the average cost per bed at a state facility is over \$100,000 per year. It is important to note that by focusing upon the types of monitoring, regulatory and policy reforms necessary to insure quality residential services, the majority of the system's funding can be accounted for and managed.

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EXHIBIT III. CONSUMERS OVER FUNDING



Residential services constitute the highest cost per client, the largest overall investment of funding as well as the most strictly monitored component of the P.O.S. system. Please refer to the Oversight section of this report for further detail.

It should be noted that the client information reflected in Exhibit III and Attachment A are a combination of purchased capacities (particularly residential services in which beds are purchased, and therefore used as a proxy for consumers) and actual consumers served. In some cases, such as counseling, it is impossible to completely capture the number of clients served because the current systems for collecting service information are inadequate. Thus, the relative proportionality of Exhibit III is potentially overstated. Please see Attachment A for a detailed data summary of the preceding exhibits.

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B. PROVIDER OVERVIEW

There are more than 1,300 providers contracting with Health and Human Services. The total funding level of these providers ranges from a high of \$27.9 million to a low of \$700.00. It is important, however, to appreciate the fact that a relatively small number of providers comprise 90 percent of the secretariat's P.O.S. budget. Following is a more detailed summary.

<u>Number of Providers</u>	<u>Cumulative Percentage of P.O.S. Budget</u>
30	25%
100	50%
280	75%
548	90%

There has been an historic difficulty in distinguishing between direct care and administrative costs among provider programs. This distinction has become even more blurred with the movement toward unit of service pricing instead of cost-based reimbursement mechanisms for contracts. It is, however, important to note that **there is a difference between what the state pays for a service through its contracts and what the costs of any given provider are to deliver that service.** The significance of this distinction is that while a provider may have an overhead cost of \$30,000 to deliver a particular program, that provider may be reimbursed only \$10,000 by the state, the balance being made up by private or other third party funding sources. This makes it impossible for the Commonwealth to completely control the way in which a private organization **spends** its resources. The Commonwealth can only control what it **pays for**. To insure an appropriate concentration of state resources are dedicated to serving clients, the Task Force recommends that the Commonwealth reimburse private organizations for management salaries only up to the annual wage paid to major agency commissioners, or \$78,000.

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It makes little or no sense for state government to discourage private organizations from raising private funds to subsidize operations or support capital investments. In fact, just the opposite is true. If a private organization can raise private funds and reduce the price paid by the Commonwealth for a particular product, the service recipient and the taxpayer both benefit.

C. CONTRACTING / COMPETITION OVERVIEW

CONTRACTING -

The Health and Human Services P.O.S. system is governed by a set of regulations that require all services be competitively bid every five years. Each agency within Health and Human Services has prepared an annual bid cycle which attempts to stagger this process. The system is based upon the concept that, although a commitment to do business with a particular provider is made for five years, the actual contract must be annually renewed, at which time service modifications, payment rates and emergent issues can be addressed.

A companion statistic to the 1,300 plus providers that make up the EOHHS P.O.S. system is that there are over 5,800 separate contracts for services that must be annually renewed and re-bid every five years. The scope of this activity and the corresponding resources available for deployment can be presented as follows:

- the 5,800 contracts re-bid in five year cycles results in approximately 1,200 contracts being re-bid annually;
- the re-bid process, which consists of counterpart state and provider activities in preparing, distributing, reviewing, awarding and negotiating proposals, conservatively requires the equivalent of three person weeks per contract; therefore
- at least 70 full-time equivalent staff's time could be re-directed to mission focused / service monitoring activities.

COMPETITION -

It is important to note one particular characteristic of the procurement process that has become evident during the Weld administration's development of community-based initiatives over the past two years. While DMH and DMR have developed more than 770 community residential beds as the result of

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facility consolidation, approximately 450 were bid using new procurements. DMR developed 147 beds using state-operated residences. Both DMR and DMH collectively purchased expanded service capacity for approximately 180 beds through existing provider contracts. These two examples reflect both the elasticity of the provider community capacities as well as the alternative of maintaining a state-operated capacity within an environment of changing program models.

Of the approximately 450 community residential beds that were competitively procured, an average of between three and four proposals were received for each contract. This demonstration of multiple choices for delivering residential services and success of producing such a large program capacity within a relatively short period of time points to the promise and flexibility that the P.O.S. system offers state managers in developing program services.

FUTURE DIRECTIONS -

A vision for the optimum contracting process would see EOHHS agencies focused upon quality assurance, policy development and service planning. All contracting efforts would be the outgrowth of the design of new services as opposed to the resource depleting activity of routinely re-bidding contracts. Furthermore, the enormous dividend in person power re-directed to quality assurance and monitoring would be compounded by the value of sharpening the focus of each agency's mission / role.

D. OVERSIGHT OVERVIEW

In addition to reviewing quantitative data regarding funding, clients served and provider agencies, the P.O.S. Task Force has surveyed the levels of agency oversight regarding fiscal and programmatic issues.

All providers must pass a rigorous minimal level of scrutiny in order to simply do business with the Commonwealth. Specifically, each provider must file numerous fiscal and administrative disclosures to the provider's principal purchasing agency, including a satisfactory independent auditor's report, uniform financial report and a related party disclosure report. Specifically, the

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minimum annual pre-qualification requirements are:

- Independent Auditor's Report in conformance with Generally Accepted Government Auditing Standards;
- Submission of Uniform Financial Reports;
- Submission of Public Charities Reports;
- Submission of IRS 990 and / or other tax filings; and
- Certified disclosure of Related Party Relationships, Board composition and authorized signatures.

At the client service level, many agencies have "case managers" who through their clients' individual service plans monitor the quality of services their clients are receiving. At the program and provider level, some agencies conduct routine program evaluations on a regular basis while other agencies rely upon third party accreditation / licensing bodies to certify program quality and standards compliance. Specifically, the multiple layers of programmatic oversight are as follows:

- Serious Incident Reporting Requirements;
- Formal Investigation Mechanisms;
- Local Human Rights Committees;
- Local Citizen's Monitoring Teams;
- Case Worker Monitoring;
- Program Licensing;
- Program and Provider Accreditation and / or Certification;
- Individual Consumer Service Plans;
- Consumer Satisfaction Surveys;
- Provider Systems for Self Evaluation and Quality Assurance; and
- Local State Agency Quality Assurance and Program Monitoring.

The current level of oversight for each of the Secretariat's largest agencies is depicted in Exhibit IV through Exhibit VII on the following pages.

The recommendations in the subsequent sections of this report substantially augment the level of system oversight. Through the overlay of a system-wide self-evaluation and random review process, supported by a set of overall standards and principles, enforced through modified regulations and legislation the system's oversight hierarchy should be solidified.

EXH

DEPARTMENT OF MENTAL RETARDATION

PROGRAMMATIC OVERSIGHT *

[illegible]

* SHADED AREA INDICATES VARIED APPLICATION
XXXXX AREA INDICATES MANDATED OVERSIGHT

DEPARTMENT OF MENTAL HEALTH
PROGRAMMATIC OVERSIGHT *

* SHADED AREA INDICATES VARIED APPLICATION
XXXXX AREA INDICATES MANDATED OVERSIGHT

DEPARTMENT OF SOCIAL SERVICES
PROGRAMMATIC OVERSIGHT *

• SHADED AREA INDICATES VARIED APPLICATION
XXXXX AREA INDICATES MANDATED OVERSIGHT

DEPARTMENT OF PUBLIC HEALTH

PROGRAMMATIC OVERSIGHT #

HHS PROVIDER EVALUATION (PROPOSED)

STATE Q.A. REVIEW

SELF EVALUATION / INTERNAL Q.A.

CONSUMER SATISFACTION SURVEY

INDIVIDUAL SERVICE PLANS

ACCREDITATION / CERTIFICATION

LICENSING

CASE WORKER MONITORING

CITIZEN MONITORING

HUMAN RIGHTS COMMITTEE

INVESTIGATIONS

INCIDENT REPORTING

FINANCIAL OVERSIGHT

HHS AUDIT / REVIEW (PROPOSED)

STATE AUDITOR'S REVIEW

PRE-QUALIFICATION

IRS - 990 FILING (NON-PROFIT ONLY)

PUBLIC CHARITIES REPORT (NON-PROFIT ONLY)

UNIFORM FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT

* SHADED AREA INDICATES VARIED APPLICATION
XXXXX AREA INDICATES MANDATED OVERSIGHT

* SHADED AREA INDICATES VARIED APPLICATION
XXXXX AREA INDICATES MANDATED OVERSIGHT

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II. Recommendations for Reform

A. Short-Term Recommendations

1) **Require all corporations to fully disclose any "Related Party Relationships"** that exist or may appear to exist within their organization and require a signed certification statement of compliance as a pre-requisite to recontracting for FY'94 (see Attachment C). (This is an expansion of current regulations.)

2) **Require all members of a corporation's Senior Management and Governing Board of Directors to fully disclose all Financial Interests** and require a signed certification statement of compliance as a pre-requisite to recontracting for FY'94 (this is an expansion of current regulations).

3) **Require all corporations contracting with a Health and Human Services Agency to perform and file a Standard Self-Evaluation.** Satisfactory performance of this evaluation should be a condition for continued business with the Commonwealth. The evaluation should be conducted with the participation of a designated representative of the provider's Principal Purchasing Agency (PPA). In addition, a random review will be performed for a significant number of these self evaluations to ensure accuracy. Please see Attachment D for a sample evaluation tool.

4) **Develop Special Contract Provisions for designated "Critical Services"**, so that in the event that the contracts for these "Critical Services" are terminated prematurely by either party, the provider is bound to transfer the use / rent the associated facility and specialized equipment at a fair market rate to a replacement provider for at least twenty-four months.

5) **Initiate a Comprehensive Review of the Pre-Qualification submissions of the 100 Providers receiving the greatest amount of HHS funding** (in conjunction with number seven to

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follow) to both identify situations requiring further action as well as produce baseline information for development of long-term recommendations for reform.

6) Introduce Legislation Providing for Receiverships of Health and Human Services Agencies whereby in circumstances deemed critical by HHS, HHS can require / impose changes in governance and executive management of a provider agency.

7) Require each HHS Agency to designate, train and strictly evaluate a centralized staff to review and monitor mandatory submission materials and identify all "problem" providers for further review.

8) Impanel a Permanent Interagency / Interdisciplinary Review Committee to immediately resolve all "Conditionally Pre-qualified" provider statuses and to investigate any "problem" providers identified either internal or external to the Secretariat. The panel should be made up of consumers, specialists in program operations, clinical management, quality assurance, contract auditing, and financial analysis. This committee should be empowered / required to:

a) Establish Minimum Monitoring / Oversight Standards and Expectations for all HHS Agencies;

b) Establish Standards and Processes for the identification and procurement of "best qualified" providers to, on an as needed basis, deliver interim management services or assume the "Emergency Take-Over" of contract services that are to be terminated;

c) If indicated, as a part of a corrective action plan for deficient providers, require discipline and / or dismissal or removal of any and all members of a corporation's Senior Management and Governing Board of Directors as a condition for continued business with the Commonwealth;

d) If indicated, as a part of a corrective action plan for deficient providers, require a corporation's Senior Management and Governing Board of Directors to discontinue any particular activity cited as unacceptable by the committee as a condition for continued business with the Commonwealth;

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e) Ultimately require termination, as appropriate, of state funding to a provider agency as a result of unsatisfactory compliance with corrective action plans; and

f) Refer any finding of provider misfeasance to the appropriate level of criminal investigation.

9) Promulgate a statement of basic standards and principles and require all providers to submit a certification of compliance as a pre-requisite to recontracting for FY'94.

10) Conduct mandatory training sessions for all EOHHS agencies' and provider agencies' senior managers regarding Conflict of Interest Laws and Executive Order 346, encouraging early supervisory dialogues about potential conflicts and steps necessary to avoid them and to maintain optimal functioning of daily operations.

11) Require all corporations contracting with a Health and Human Services Agency to file a copy of their annual Public Charities Report with their Principal Purchasing Agency (where applicable). Satisfactory performance of this evaluation should be a condition for continued business with the Commonwealth.

12) All providers must submit a certification statement that at least two members of their board of directors are consumers of HHS services as a condition of doing business with any HHS Agency.

13) Introduce regulations that limit the Commonwealth's reimbursement to private organizations for management salaries to the annual wage paid to major agency commissioners, or \$78,000.

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B. Long-Term Recommendations

1) Charge the aforementioned Interagency / Interdisciplinary Review Committee to immediately initiate a review of provider agencies to develop recommendations on:

- a) Consolidation of all Administrative Contracting Functions to a Single Entity across State Agencies promoting economies of scale, concentrated audit capacity and uniformity of data collection and reporting capabilities;
- b) Establishment of a uniform P.O.S. contract reimbursement methodology that is based upon client enrollment to insure a timely and accurate "clients in service" data base;
- c) Provider Standards (for example, executive compensation and increases as compared to direct care worker compensation; ideal financial profile for provider agencies; disclosure of and appropriate instances of related party transactions);
- d) Regulations that should be strengthened to provide consequences for failure to comply with standards;
- e) Trade-offs between a provider system composed of Fewer / Larger Providers versus the current system;
- f) Outcome / Performance Based Contracting;
- g) Capitated Contracting;
- h) Capitalization Strategies for Providers;
- i) Comprehensive System for Review of Providers;
- j) Licensing / Accreditation of all HHS providers;
- k) Technical Assistance and special support for minority and women governed providers;
- l) Standards for the routine re-bidding of audit services and the pre-qualification of CPA firms contracted to perform provider audits; and
- m) Expansion of DMH Office of Competitive Bidding to all EOHHS agencies, providing a forum for State Employee

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competition on all private contracts and to insure rigorous "Make Vs. Buy" analysis.

2) Upon completion of the Program and Provider Evaluation processes, the annual re-bid process / five year bid cycle should be eliminated. In lieu of the five year bid cycle, contracts would remain with a particular provider until such time as the state determines through the evaluation process that services / outcomes and / or providers are unsatisfactory or at such time that the purchasing agency chooses to re-bid the services.

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III. Statement of Standards / Principles

The following statements are intended to reflect a "yardstick" against which providers and their services can be measured. These standards must be read as a consumer's guarantee, a provider's responsibilities and the state's expectations. Additionally, these standards must be incorporated into every contract to provide guidance in establishing oversight and operational policies.

- 1) Full Disclosure of all Financial Dealings and Interests of Provider Corporations, Sub-Corporations, Related Corporations and their Officers, Directors and Senior Management.
- 2) All provider agencies must conduct annual program specific and agency wide reviews to assure quality and a continuous processes for planning evaluation and improvement.
- 3) All provider agencies must have a documented procedure for and practice of conducting pre-employment background checks on their employees.
- 4) All provider agencies must have a documented procedure for and practice of reporting serious incidents, conducting investigations and taking disciplinary action.
- 5) All provider agencies must have a standard conflict of interest policy and code of ethics as a part of their corporate by-laws.
- 6) All provider agencies must have a documented process for reviewing executive staff performance and justifying salary increases, particularly as compared to increases given to direct care workers.
- 7) All provider agencies must continuously insure that an "arm's length" relationship exists between the governing board and management in order to maintain objective systems for monitoring, evaluation and accountability.
- 8) All provider agencies must eliminate and continuously avoid any and all corporate transactions that either directly or indirectly accrue to the benefit of any board member or manager.
- 9) All provider agencies should seek all available funding to supplement or replace state funding sources.
- 10) All provider agencies must insure that all services are provided in the most culturally, ethnically and linguistically appropriate fashion.

IV. Implementation Plan

It is essential to the understanding of the recommendations of this report that they be viewed as a first step in a work in progress, consistent with the planning paradigm of continuous evaluation and improvement. In keeping with that theme, following are key implementation steps necessary to take these recommendations to the next logical level of application.

- 1) Hold a public hearing to receive comment on the recommendations of this report;
- 2) Policies, procedures and forms must be developed for provider self-evaluation, financial disclosure, related party relationship disclosure and certification of compliance with standards and principles per the first, second, third and ninth short-term recommendations of this report;
- 3) Contract regulations must be developed for contracting for Critical Services as described in the fourth and thirteenth short-term recommendations of this report;
- 4) Agency staff must be designated to accomplish the provider reviews as described in the fifth and seventh short-term recommendations of this report;
- 5) Legislation must be drafted and filed as described in the sixth short-term recommendation of this report; and
- 6) A permanent interagency interdisciplinary review committee must be impaneled as described in the eighth short-term recommendation of this report.

I. P.O.S. FUNDING VIS A' VIS TOTAL AGENCY FUNDING

FY'93 BUDGET (in millions)	DPW	DMR	DMH	DSS	DPH	DYS	MRC	MCB	TOTAL
TOTAL BUDGET	1,303.40	622.90	473.80	409.60	237.70	52.80	27.00	20.90	3,148.10
POS BUDGET	75.30	313.80	263.20	233.90	127.20	33.30	22.60	4.50	1,073.80
%	6%	50%	56%	57%	54%	63%	84%	22%	34%

II. P.O.S. FUNDING BY AGENCY AND SERVICE CATEGORY

FUNDING (in millions)	COUNSELING	DAY	HEALTH	RESIDENTIAL	SATELLITE	SUPPORT	VOCATIONAL	OTHER	TOTAL
DMR	8.90	16.00	11.90	186.40		47.50	42.60	0.50	313.80
DMH	58.70	27.00	19.90	145.00		6.00	1.50	5.10	263.20
DSS	43.60	84.80		101.70	0.80	2.90	0.10		233.90
DPH	6.20	11.10	67.40	35.80	3.30	3.20	0.20		127.20
WEL		9.20		39.30		8.00	18.80		75.30
DYS	0.40	1.60	0.40	27.50	3.40				33.30
MRC		1.90		2.80	3.20	3.70	11.00		22.60
MCB	0.10			3.40		0.40	0.60		4.50
OTHERS	0.60			1.10		2.50	2.80	0.40	7.40
TOTAL:	118.50	151.60	99.60	543.00	10.70	74.20	77.60	6.00	1,081.20

III. CLIENTS SERVED WITHIN THE P.O.S. SERVICE SYSTEM

CONSUMERS*	COUNSELING	DAY	HEALTH	RESIDENTIAL	SATELLITE	SUPPORT	VOCATIONAL	OTHER	TOTAL
DMR	1,734	1,221	2,676	5,123		9,368	5,406		25,528
DMH	4,323	1,039	4,475	5,209		4,466	175		19,687
DSS	28,511	15,069		987	150	567			45,284
DPH	37,839	11,030	826,821	22,742	5,580	246,850	205		1,151,067
WEL		7,900		3,071		28,761	7,112		46,844
DYS	992	434	1,576	3,014	636				6,652
MRC		103		81	1,140	2,754	2,144		6,222
MCB	95	3	3	53	85	20,773	231		21,243
OTHERS	6,562			732		95,247	3,963	427	106,931
TOTAL:	80,056	36,799	835,551	41,012	7,591	408,786	19,236	427	1,429,458

* estimates have been used where direct consumer data is not maintained as follows:
Counseling - DMH and DSS; Health - DMR; Satellite - DSS; and Support - DMH.

ATTACHMENT B

04/17/93

FY 1993 EOHHS POS DOLLARS BY PROVIDER

Page 1 of Attachment B

RANK	PROVIDER	POS DOLLARS	% of \$1.05 B TOTAL	CUMULATIVE TOTALS %	DOLLARS
=====	=====	=====	=====	=====	=====
1	Vinfen Corporation	\$27,871,415	2.64	2.64	\$27,871,415
2	Trustees of Hlth & Hosp./ Boston	\$13,834,027	1.31	3.96	\$41,705,442
3	North Suffolk MH Association	\$13,474,640	1.28	5.23	\$55,180,082
4	Center for Human Development	\$13,332,319	1.26	6.5	\$68,512,401
5	U Mass et. al. Comm of MA	\$12,077,786	1.15	7.65	\$80,590,187
6	Justice Resource Institute	\$12,071,913	1.15	8.79	\$92,662,100
7	Gr. Lynn MH & Ret. Association	\$10,036,332	0.95	9.74	\$102,698,432
8	The Key Program, Inc.	\$9,481,344	0.89	10.6	\$112,179,776
9	Northeastern Family Institute	\$8,961,999	0.85	11.5	\$121,141,775
10	South Shore Mental Health Center	\$8,942,504	0.84	12.3	\$130,084,279
11	Pine Street Inn	\$8,778,586	0.83	13.2	\$138,862,865
12	Advocates/Together, Inc.	\$8,178,333	0.77	13.9	\$147,041,198
13	Catholic Charities /Boston	\$7,938,993	0.75	14.7	\$154,980,191
14	Dare Family Services Inc.	\$7,818,323	0.74	15.4	\$162,798,514
15	New England Residential Services	\$7,745,253	0.73	16.2	\$170,543,767
16	Tri-City Mental Health & Retardat	\$7,669,166	0.72	16.9	\$178,212,933
17	Center for MH & Retardation Svs.	\$7,147,965	0.67	17.6	\$185,360,898
18	South Middlesex Opport. Cncl/SMOC	\$6,830,190	0.64	18.2	\$192,191,088
19	Holyoke Hospital	\$6,688,990	0.63	18.9	\$198,880,078
20	Center for Human Svs(New Bedford)	\$6,612,946	0.62	19.5	\$205,493,024
21	North Shore ARC	\$6,273,271	0.59	20.1	\$211,766,295
22	Riverside Community M H& R Center	\$6,255,443	0.59	20.7	\$218,021,738
23	Horace Mann Educ. Associates	\$6,215,265	0.59	21.3	\$224,237,003
24	New England Fellowship/Rehab. Alt	\$6,096,570	0.57	21.9	\$230,333,573
25	Bay Cove Human Services, Inc.	\$5,996,030	0.56	22.4	\$236,329,603
26	City of Cambridge (Human Services	\$5,905,540	0.56	23.	\$242,235,143
27	Health and Education Svs/NSCMHC	\$5,793,561	0.55	23.5	\$248,028,704
28	Robert F. Kennedy Action Corp.	\$5,726,263	0.54	24.1	\$253,754,967
29	Brockton Area Multi-Services	\$5,662,197	0.53	24.6	\$259,417,164
30	Worcester Area Community MH Ctr	\$5,630,651	0.53	25.1	\$265,047,815
31	YMCA - Old Colony Service Corp.	\$5,551,660	0.52	25.7	\$270,599,475
32	Alternatives Unlimited, Inc.	\$5,547,389	0.52	26.2	\$276,146,864
33	Children's Hospital	\$5,426,780	0.51	26.7	\$281,573,644
34	MASS MENTOR (FOR PROFIT ONLY)	\$5,270,350	0.5	27.2	\$286,843,994
35	Institute of Professional Pract.	\$5,267,203	0.5	27.7	\$292,111,197
36	Road to Responsibility	\$5,265,885	0.5	28.2	\$297,377,082
37	Worcester Area ARC, Inc.	\$5,234,498	0.49	28.7	\$302,611,580
38	EK Shriver Center	\$5,210,190	0.49	29.2	\$307,821,770
39	South Central Rehab Resources Inc	\$5,187,327	0.49	29.7	\$313,009,097
40	FCP, Inc.	\$5,103,805	0.48	30.2	\$318,112,902
41	Toward Indep. Liv. & Learn.(TILL)	\$5,022,045	0.47	30.7	\$323,134,947
42	Kennedy-Donovan Ctr./Handi. Child	\$4,870,587	0.46	31.1	\$328,005,534
43	Center for Health & Development	\$4,639,146	0.44	31.6	\$332,644,680
44	Meridian Associates for Prgms&Res	\$4,477,426	0.42	32.	\$337,122,106
45	Harbor Schools, Inc.	\$4,303,322	0.40	32.4	\$341,425,428
46	Berkshire County ARC	\$4,297,413	0.40	32.8	\$345,722,841
47	Work, Inc.	\$4,297,334	0.40	33.2	\$350,020,175
48	Institute Devel. Disab./Crystal S	\$4,258,108	0.40	33.6	\$354,278,283
49	Boston Community Services	\$4,235,407	0.40	34.	\$358,513,690
50	Walnut Street Center, Inc	\$4,197,715	0.39	34.4	\$362,711,405

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RANK	PROVIDER	POS DOLLARS	% of \$1.05 B TOTAL	CUMULATIVE TOTALS %	DOLLARS
=====	=====	=====	=====	=====	=====
51	Center for Humanistic Change	\$4,183,292	0.39	34.8	\$366,894,697
52	FOUNDATION HLTH FEDERAL SVS	\$4,158,280	0.39	35.2	\$371,052,977
53	CHARLES RIVER HLTH MGT	\$4,156,602	0.39	35.6	\$375,209,579
54	Cape Ann Transit Authority	\$4,123,991	0.39	36.	\$379,333,570
55	Eastern Middlesex Human Ser. Inc.	\$4,093,397	0.38	36.4	\$383,426,967
56	Cooperative for Human Svcs\ Malden	\$4,053,759	0.38	36.8	\$387,480,726
57	The Bridge of Central Mass., Inc.	\$4,021,052	0.38	37.1	\$391,501,778
58	Integrated Service Assoc.	\$3,974,395	0.37	37.5	\$395,476,173
59	Community Teamwork, Inc.	\$3,965,589	0.37	37.9	\$399,441,762
60	Herbert Lipton CMHC	\$3,878,765	0.36	38.3	\$403,320,527
61	Assn for Community Living/Hampden	\$3,802,490	0.36	38.6	\$407,123,017
62	Brown & Sullivan, Inc.	\$3,759,416	0.35	39.	\$410,882,433
63	Community Human Services, Inc.	\$3,530,616	0.33	39.3	\$414,413,049
64	Morgan Mem. Goodwill Ind.(Hayden)	\$3,510,177	0.33	39.6	\$417,923,226
65	Turning Point, Inc.	\$3,481,940	0.33	40.	\$421,405,166
66	Delta Projects, Inc.	\$3,422,869	0.32	40.3	\$424,828,035
67	Valley Opportunity Council	\$3,390,261	0.32	40.6	\$428,218,296
68	Valley Programs INC.	\$3,374,353	0.32	40.9	\$431,592,649
69	Friends of the Retarded, Inc.	\$3,316,672	0.31	41.3	\$434,909,321
70	Comprehensive MH Systems, Inc.	\$3,275,409	0.31	41.6	\$438,184,730
71	Human Service Options, Inc.	\$3,244,981	0.30	41.9	\$441,429,711
72	Community Enterprises, Inc.	\$3,225,847	0.30	42.2	\$444,655,558
73	People, Inc.	\$3,179,069	0.30	42.5	\$447,834,627
74	ABCD, Inc.	\$3,165,792	0.3	42.8	\$451,000,419
75	New England Psychiatric Consltnts	\$3,147,038	0.29	43.1	\$454,147,457
76	Fidelity House	\$3,122,088	0.29	43.4	\$457,269,545
77	Goodwill Ind Springfield/Hartford	\$3,100,592	0.29	43.7	\$460,370,137
78	Lifeworks Inc.	\$3,085,840	0.29	44.	\$463,455,977
79	Scovell & Schwager	\$3,059,683	0.29	44.3	\$466,515,660
80	Franklin/Hampshire CMHC	\$3,034,628	0.28	44.5	\$469,550,288
81	ASSN RET'D CIT S. MIDDLESEX-SMARC	\$3,017,192	0.28	44.8	\$472,567,480
82	Gandara Mental Health Center, Inc	\$3,007,636	0.28	45.1	\$475,575,116
83	Berkshire Mental Health Assn, Inc	\$2,996,799	0.28	45.4	\$478,571,915
84	Dorchester Cnsling Ctr (D/M CMHC)	\$2,985,643	0.28	45.7	\$481,557,558
85	ComCare Services, Inc.	\$2,970,373	0.28	46.	\$484,527,931
86	American Training/Lawrence Rehab.	\$2,956,083	0.28	46.2	\$487,484,014
87	Community Day Care Ctr-Lawrence	\$2,889,110	0.27	46.5	\$490,373,124
88	Psychological Center, Inc	\$2,869,490	0.27	46.8	\$493,242,614
89	Tri-County Youth Programs, Inc.	\$2,846,174	0.27	47.1	\$496,088,788
90	New England Home for Little Wand.	\$2,786,119	0.26	47.3	\$498,874,907
91	Positive Life Styles, Inc.	\$2,778,936	0.26	47.6	\$501,653,843
92	Mass Mental Health Research Corp.	\$2,762,513	0.26	47.9	\$504,416,356
93	Youth Opportunities Upheld	\$2,749,645	0.26	48.1	\$507,166,001
94	HOUSING ASSISTANCE CORP	\$2,702,432	0.25	48.4	\$509,868,433
95	Brandon Residential Tx Ctr.	\$2,689,157	0.25	48.6	\$512,557,590
96	Communities for People, Inc.	\$2,661,448	0.25	48.9	\$515,219,038
97	Bay State Community Svcs, Inc.	\$2,634,769	0.25	49.1	\$517,853,807
98	North Central Human Services	\$2,622,277	0.24	49.4	\$520,476,084
99	ATLANTICARE MEDICAL CTR	\$2,612,026	0.24	49.6	\$523,088,110
100	May Institute	\$2,592,143	0.24	49.9	\$525,680,253
101	Nonotuck Res. Ass.	\$2,586,293	0.24	50.1	\$528,266,546
102	CASCAP, Inc	\$2,578,138	0.24	50.4	\$530,844,684

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RANK	PROVIDER	POS DOLLARS	% of \$1.05 B TOTAL	CUMULATIVE TOTALS %	DOLLARS
103	Spectrum Addiction Svs	\$2,578,093	0.24	50.6	\$533,422,777
104	Children's Service of Roxbury Inc	\$2,571,048	0.24	50.8	\$535,993,825
105	Germaine Lawrence, Inc.	\$2,568,693	0.24	51.1	\$538,562,518
106	Providence Hospital/Holyoke	\$2,511,844	0.23	51.3	\$541,074,362
107	Dimmock CHC	\$2,468,658	0.23	51.6	\$543,543,020
108	Behavior Research Institute	\$2,455,154	0.23	51.8	\$545,998,174
109	Lutheran Child and Family Svs	\$2,441,170	0.23	52.	\$548,439,344
110	Waltham Committee, Inc.	\$2,415,715	0.22	52.3	\$550,855,059
111	Community Group, Inc.	\$2,406,305	0.22	52.5	\$553,261,364
112	CASPAR	\$2,360,888	0.22	52.7	\$555,622,252
113	Community Care Mental Health Ctr.	\$2,337,082	0.22	52.9	\$557,959,334
114	Associated Day Care Metro Boston	\$2,328,685	0.22	53.2	\$560,288,019
115	M.H. Assoc. of Gr. Springfield	\$2,273,350	0.21	53.4	\$562,561,369
116	E. J. Matson-Friends of the Ret.	\$2,257,243	0.21	53.6	\$564,818,612
117	ARC of Greater Lowell, Inc.	\$2,241,105	0.21	53.8	\$567,059,717
118	Hyland House, Inc.	\$2,197,203	0.20	54.	\$569,256,920
119	Wayside Community Programs	\$2,189,492	0.20	54.2	\$571,446,412
120	Center House, Inc.	\$2,163,461	0.20	54.4	\$573,609,873
121	River Valley Counseling Services	\$2,113,752	0.20	54.6	\$575,723,625
122	Gr. Lawrence Community Act. Cncl	\$2,110,247	0.2	54.8	\$577,833,872
123	Family Planning Cncl of Wstrn MA	\$2,106,275	0.2	55.	\$579,940,147
124	Saint Ann's Home, Inc.	\$2,096,253	0.19	55.2	\$582,036,400
125	Better Community Living	\$2,074,432	0.19	55.4	\$584,110,832
126	Stanley Street Tx & Resource Ctr	\$2,009,555	0.19	55.6	\$586,120,387
127	Westfield Area Mental HEalth CLNC	\$2,007,256	0.19	55.8	\$588,127,643
128	Trustees of Tufts	\$2,003,938	0.19	56.	\$590,131,581
129	Hawthorn Services, Inc.	\$1,966,835	0.18	56.2	\$592,098,416
130	Montachusett Opportunity Council	\$1,959,329	0.18	56.4	\$594,057,745
131	Bass River Day Activity Program	\$1,954,717	0.18	56.5	\$596,012,462
132	Amego, Inc.	\$1,952,846	0.18	56.7	\$597,965,308
133	Hamden County Employ. & Train.	\$1,916,862	0.18	56.9	\$599,882,170
134	Haverhill/Newburyport Human Svs	\$1,879,604	0.17	57.1	\$601,761,774
135	Team Coordinating Agency, Inc.	\$1,864,317	0.17	57.3	\$603,626,091
136	Attleboro Enterprises, Inc.	\$1,851,864	0.17	57.4	\$605,477,955
137	General Hospital Corporation	\$1,846,126	0.17	57.6	\$607,324,081
138	New England Center for Autism	\$1,836,795	0.17	57.8	\$609,160,876
139	Community Systems, Inc.	\$1,835,299	0.17	58.	\$610,996,175
140	Alcohol & Drug Svs of West.Mass.	\$1,834,010	0.17	58.1	\$612,830,185
141	CENTER FOR ADDICTIVE BEHAVIORS	\$1,818,367	0.17	58.3	\$614,648,552
142	Boston Psychiatric Group, P.C.	\$1,808,315	0.17	58.5	\$616,456,867
143	Economic Devel & Ind Corp-Boston	\$1,784,005	0.16	58.6	\$618,240,872
144	Merrimack Valley R.T.A.	\$1,777,951	0.16	58.8	\$620,018,823
145	Fed. Dorchester Neighborh'd House	\$1,751,565	0.16	59.	\$621,770,388
146	Charles River ARC, Inc.	\$1,736,014	0.16	59.1	\$623,506,402
147	Health Care of Southeastern Mass.	\$1,730,895	0.16	59.3	\$625,237,297
148	EDCO Collaborative	\$1,718,255	0.16	59.5	\$626,955,552
149	Boston Children's Services Assoc.	\$1,713,807	0.16	59.6	\$628,669,359
150	No.Berkshire Mental Health Assn.	\$1,706,044	0.16	59.8	\$630,375,403
151	Hillside Resource & Mgmt. Corp.	\$1,705,848	0.16	60.	\$632,081,251
152	Project Rap, Inc.	\$1,687,329	0.16	60.1	\$633,768,580
153	Salvation Army-HQ	\$1,678,520	0.15	60.3	\$635,447,100
154	Gr. Boston Adult Shltr Alliance	\$1,641,495	0.15	60.4	\$637,088,595

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RANK	PROVIDER	POS DOLLARS	% of \$1.05 B TOTAL	CUMULATIVE TOTALS %	DOLLARS
155	Northern Educational Services	\$1,600,199	0.15	60.6	\$638,688,794
156	Southern Worcester County Rehab.	\$1,597,274	0.15	60.7	\$640,286,068
157	Nauset Inc	\$1,596,162	0.15	60.9	\$641,882,230
158	WAARC Associates Inc.	\$1,590,649	0.15	61.	\$643,472,879
159	New England Medical Center, Inc.	\$1,583,620	0.15	61.2	\$645,056,499
160	Metro West MH Association	\$1,583,498	0.15	61.3	\$646,639,997
161	Human Resources Unlimited(Carval)	\$1,578,964	0.15	61.5	\$648,218,961
162	Saint Vincent's Home	\$1,574,000	0.14	61.6	\$649,792,961
163	Catholic Charities/Dioc. of Worc.	\$1,573,455	0.14	61.8	\$651,366,416
164	Community Treatment Center	\$1,564,914	0.14	61.9	\$652,931,330
165	Child Guidance Clinic/Springfield	\$1,561,159	0.14	62.1	\$654,492,489
166	Beaverbrook Step, Inc.	\$1,549,304	0.14	62.2	\$656,041,793
167	Education Collab. of Gr. Boston	\$1,538,887	0.14	62.4	\$657,580,680
168	Springfield Home Friendless W&C	\$1,521,688	0.14	62.5	\$659,102,368
169	Early Childhood Ctrs/Springfield	\$1,513,720	0.14	62.7	\$660,616,088
170	Kiessling School Transportation	\$1,512,873	0.14	62.8	\$662,128,961
171	South Shore Assoc for Ret Cit Inc	\$1,512,279	0.14	63.	\$663,641,240
172	City of Worcester	\$1,506,974	0.14	63.1	\$665,148,214
173	FIRST, Inc.	\$1,497,477	0.14	63.2	\$666,645,691
174	YMCA - Greater Boston	\$1,482,015	0.14	63.4	\$668,127,706
175	Middlesex Human Service Agency	\$1,477,847	0.14	63.5	\$669,605,553
176	Enable, Inc.	\$1,474,111	0.14	63.7	\$671,079,664
177	Leslie Educational Alternatives	\$1,473,455	0.14	63.8	\$672,553,119
178	RZR, Inc.	\$1,465,417	0.13	63.9	\$674,018,536
179	Guild Saint Agnes(RCArchCorpSole)	\$1,455,524	0.13	64.1	\$675,474,060
180	Attleboro Area Youth & Family Svs	\$1,445,235	0.13	64.2	\$676,919,295
181	Franklin County MHA, Inc.	\$1,440,643	0.13	64.4	\$678,359,938
182	Park Transportation Co.	\$1,437,046	0.13	64.5	\$679,796,984
183	Evergreen Center, Inc.	\$1,437,014	0.13	64.6	\$681,233,998
184	Judge Baker Children's Center	\$1,435,736	0.13	64.8	\$682,669,734
185	Pioneer Developmental Svs, Inc.	\$1,430,682	0.13	64.9	\$684,100,416
186	Harrington Memorial Hospital	\$1,412,284	0.13	65.	\$685,512,700
187	Family Day Care, Inc.	\$1,403,655	0.13	65.2	\$686,916,355
188	Project Triangle(Tri. Trng. Ctr.)	\$1,388,210	0.13	65.3	\$688,304,565
189	MSPCC (MA Soc for Prev of C to C)	\$1,383,150	0.13	65.4	\$689,687,715
190	Cape Cod Child Development Prog.	\$1,382,465	0.13	65.6	\$691,070,180
191	Valley Adult Counseling	\$1,371,827	0.13	65.7	\$692,442,007
192	Citizens League Ad Sp Svs (CLASS)	\$1,367,629	0.13	65.8	\$693,809,636
193	Growthways, Inc.	\$1,361,256	0.12	65.9	\$695,170,892
194	Northern Essex Community MH Assn.	\$1,360,926	0.12	66.1	\$696,531,818
195	Child Care of the Berkshires,INC.	\$1,341,987	0.12	66.2	\$697,873,805
196	Nuva, Inc.	\$1,340,103	0.12	66.3	\$699,213,908
197	Central Middlesex ARC, Inc.	\$1,339,087	0.12	66.5	\$700,552,995
198	Italian Home for Children	\$1,339,000	0.12	66.6	\$701,891,995
199	Alternative Home, Inc.	\$1,336,544	0.12	66.7	\$703,228,539
200	Baldpate Inc.	\$1,317,596	0.12	66.8	\$704,546,135
201	Cooperative Production, Inc.	\$1,310,179	0.12	67.	\$705,856,314
202	Bay State Skills Corp.	\$1,296,773	0.12	67.1	\$707,153,087
203	Minute Man ARC, Inc.	\$1,296,447	0.12	67.2	\$708,449,534
204	Life Resources	\$1,286,984	0.12	67.3	\$709,736,518
205	Springfield Day Nursery	\$1,283,705	0.12	67.5	\$711,020,223
206	LUK Crisis Center, Inc.	\$1,281,934	0.12	67.6	\$712,302,157

RANK	PROVIDER	POS DOLLARS	% of \$1.05 B TOTAL	CUMULATIVE TOTALS %	DOLLARS
207	Community Action Inc. (Haverhill)	\$1,272,114	0.12	67.7	\$713,574,271
208	La Alianza Hispana, Inc.	\$1,259,074	0.11	67.8	\$714,833,345
209	Dr. Franklin Perkins School	\$1,255,829	0.11	67.9	\$716,089,174
210	Mass. Legal Assitance Corp.	\$1,242,980	0.11	68.	\$717,332,154
211	Gardner Athol Area MHA, Inc.	\$1,241,576	0.11	68.2	\$718,573,730
212	Domus Incorporated	\$1,239,233	0.11	68.3	\$719,812,963
213	Human Resource Center/Rural Comm.	\$1,235,923	0.11	68.4	\$721,048,886
214	Associates for Human Services	\$1,234,145	0.11	68.5	\$722,283,031
215	Community Connections, Inc.	\$1,223,610	0.11	68.6	\$723,506,641
216	Shore Educational Collaborative	\$1,219,226	0.11	68.8	\$724,725,867
217	United Homes for Children	\$1,217,919	0.11	68.9	\$725,943,786
218	Western Mass. Training Consortium	\$1,213,652	0.11	69.	\$727,157,438
219	Comm. Outreach Reconcil & Em/CORE	\$1,207,101	0.11	69.1	\$728,364,539
220	Y - Old Colony	\$1,206,941	0.11	69.2	\$729,571,480
221	Martha's Vineyard Community Svs	\$1,206,897	0.11	69.3	\$730,778,377
222	Pioneer Senior Services	\$1,196,260	0.11	69.4	\$731,974,637
223	Community Counseling/Bristol Cnty	\$1,196,130	0.11	69.6	\$733,170,767
224	Jewish Vocational Svs / Boston	\$1,191,144	0.11	69.7	\$734,361,911
225	Boston Alcohol Detox Project	\$1,177,295	0.11	69.8	\$735,539,206
226	Corporation for Public Management	\$1,172,124	0.11	69.9	\$736,711,330
227	Crittenton Hastings House	\$1,167,788	0.11	70.	\$737,879,118
228	Gr. Lawrence Mental Health Ctr.	\$1,160,049	0.11	70.1	\$739,039,167
229	Children's Aid & Fam Sv-Fitchburg	\$1,159,706	0.11	70.2	\$740,198,873
230	City of Fall River	\$1,151,293	0.10	70.3	\$741,350,166
231	South Shore Day Care Services	\$1,137,943	0.10	70.4	\$742,488,109
232	Lynn Community Health	\$1,129,515	0.10	70.5	\$743,617,624
233	North Worcester County ARC	\$1,118,819	0.10	70.6	\$744,736,443
234	Project Cope, Inc.	\$1,107,619	0.10	70.8	\$745,844,062
235	Mass. Association for the Blind	\$1,100,952	0.10	70.9	\$746,945,014
236	Beaverbrook Work Activity Center	\$1,087,912	0.10	71.	\$748,032,926
237	Medical Foundation, Inc.	\$1,085,688	0.10	71.1	\$749,118,614
238	Victory Programs Inc.	\$1,085,195	0.10	71.2	\$750,203,809
239	Franklin Community Action Corp.	\$1,082,349	0.10	71.3	\$751,286,158
240	Cape Cod Alc Interv & Rehab Unit	\$1,078,828	0.10	71.4	\$752,364,986
241	North Charles MH Research & T'ng	\$1,077,859	0.10	71.5	\$753,442,845
242	Hilltop Child & Adult Services	\$1,076,566	0.10	71.6	\$754,519,411
243	Behavioral Association of Mass.	\$1,074,664	0.10	71.7	\$755,594,075
244	Liberty Health Care Corp.	\$1,071,410	0.10	71.8	\$756,665,485
245	Sheltons, Inc	\$1,070,724	0.10	71.9	\$757,736,209
246	Residential Rehabilitation Ctrs	\$1,061,408	0.10	72.	\$758,797,617
247	Quincy Community Action Org.	\$1,058,705	0.1	72.1	\$759,856,322
248	Somerville MH Association	\$1,057,520	0.1	72.2	\$760,913,842
249	People's Bridge Action, Inc.	\$1,055,433	0.1	72.3	\$761,969,275
250	Roxbury Multi-Service Center	\$1,044,035	0.09	72.4	\$763,013,310
251	Lowell House, Inc.	\$1,041,707	0.09	72.5	\$764,055,017
252	Wekar	\$1,041,061	0.09	72.6	\$765,096,078
253	Middleboro-Lakeville MH Center	\$1,034,881	0.09	72.7	\$766,130,959
254	Harvard St. Neighborh'd Hlth Ctr	\$1,034,784	0.09	72.8	\$767,165,743
255	New Bedford Harbor Services	\$1,032,729	0.09	72.9	\$768,198,472
256	Northampton Ctr for Child. & Fam.	\$1,031,489	0.09	73.	\$769,229,961
257	Human Services Cooperative, Inc.	\$1,029,196	0.09	73.1	\$770,259,157
258	Community Hth & Alt Opp Svs\CHAOS	\$1,027,323	0.09	73.2	\$771,286,480

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RANK	PROVIDER	POS DOLLARS	% of \$1.05 B TOTAL	CUMULATIVE TOTALS %	DOLLARS
259	City of Boston/Cmnty Ctr,Sch,Hosp	\$1,025,795	0.09	73.3	\$772,312,275
260	Davenport, Inc.	\$1,017,121	0.09	73.4	\$773,329,396
261	Nemasket Group, Inc.	\$1,014,834	0.09	73.5	\$774,344,230
262	CITY OF LOWELL	\$1,007,410	0.09	73.6	\$775,351,640
263	North Central Alcoholism Commissn	\$1,001,235	0.09	73.6	\$776,352,875
264	Citizens for Citizens, Inc.	\$999,232	0.09	73.7	\$777,352,107
265	Concilio Hispano de Cambridge	\$995,850	0.09	73.8	\$778,347,957
266	CITY OF LAWRENCE	\$993,317	0.09	73.9	\$779,341,274
267	Child Care Resource Center	\$991,953	0.09	74.	\$780,333,227
268	Volunteers of America of Mass Inc	\$988,432	0.09	74.1	\$781,321,659
269	Hulmes Transportation Svs, Ltd.	\$985,435	0.09	74.2	\$782,307,094
270	Career Development Services, Inc.	\$970,385	0.09	74.3	\$783,277,479
271	Fenway CHC	\$964,653	0.09	74.4	\$784,242,132
272	Hampshire Community Action Comm.	\$963,223	0.09	74.5	\$785,205,355
273	Beaverbrook Guidance Center	\$960,709	0.09	74.6	\$786,166,064
274	Henry Lee Willis Community Ctr	\$959,973	0.09	74.7	\$787,126,037
275	New England Villages, Inc.	\$955,538	0.09	74.8	\$788,081,575
276	Family Health & Social Serv Cntr	\$955,237	0.09	74.9	\$789,036,812
277	Transitional Resources, Inc.	\$954,332	0.09	74.9	\$789,991,144
278	MHA of Greater Lowell	\$954,263	0.09	75.	\$790,945,407



The Commonwealth of Massachusetts
Executive Office of Health & Human Services
Department of Mental Retardation
160 North Washington Street
Boston, MA 02114

Philip Campbell
Commissioner

Area Code (617)
727-5608

M E M O R A N D U M

TO: DMR Providers

FROM: Philip Campbell, Commissioner
Department of Mental Retardation *PC*

DATE: December 2, 1992

RE: Related Party reviews

As you begin preparing for the submission of financial documents for the upcoming prequalification reviews I wanted to direct your attention to the importance of full and complete disclosure of all related party relationships. While related party transactions are not improper in and of themselves, they are subject to different rules and standards than other transactions and need to be evaluated more carefully to insure compliance with both federal and state requirements. Attached are copies of:

- a. Massachusetts regulations 808 CMR 1.02 which define related parties;
- b. Division of Purchased Services Users Handbook section III.B.4 which describes related parties; and
- c. Massachusetts regulations 808 CMR 1.15 which define the standards by which related party transactions must be conducted.

Please review these documents carefully. We must require that you review all of your relationships to ascertain whether they could involve a related party, including discussing the matter with the independent accountant that prepares your annual audited financial statements.

We recognize that applying the definition to specific relationships can be complex and, for this reason, must require that you identify any relationship that could even be considered to be a related party. In the instructions that will be forthcoming shortly for your prequalification submissions we will be asking you to describe any relationship about which you are unsure so that we

can, jointly, determine whether it is covered by the relevant regulations.

We recognize that the related party definition is very broad and can include very small transactions. While all such transactions must be conducted in accordance with the statutes, we are particularly interested in the following categories involving related parties:

1. real estate transactions;
2. management company commitments;
3. leases or rentals of vehicles or equipment;
4. loans or lines of credit received or given; or
5. any transaction with another private organization that involves a significant amount of funds.

It is particularly important that any transaction in these categories that could be with a related party be identified.

When a relationship is, or could be considered to be, related we will be calling for you to submit the following information:

- a. the specific services or products provided;
- b. the costs involved;
- c. whether it was a unique or an ongoing occurrence; and
- d. that you certify that the transactions were conducted in compliance with the applicable statutes.

If the transaction is in one of the five categories outlined above, we will, in addition, be calling for you to submit audited financial statements for the related party and additional financial information on the transactions themselves.

I appreciate your cooperation. Working together I trust that we can strengthen and enhance the purchase of service system by insuring that it operates in conformance with the rules that govern our activities.

Thank you.

cc: Janet George, Undersecretary, EOHHS
Dana Roszkiewicz, Assistant Commissioner, DPS



The Commonwealth of Massachusetts
Executive Office of Health & Human Services
Department of Mental Retardation
160 North Washington Street
Boston, MA 02114

Philip Campbell
Commissioner

Area Code (617)
727-5608

MEMORANDUM

TO: DMR Provider Agencies

FROM: Dennis S. Millner-Hanley *DS Millner-Hanley*
Director of Contract Administration

RE: FY'94 Prequalification Procedures

DATE: December 18, 1992

Enclosed please find the FY'94 prequalification requirements as conducted under the auspices of the Executive Office of Health and Human Services (EOHHS). As in previous years, provider agencies will be required to submit prequalification materials to only one EOHHS purchasing agency, the Principal Purchasing Agency (PPA). EOHHS has designated DMR as the PPA for your agency. If your agency plans to respond to Requests for Proposals (RFPs) or Requests for Qualification (RFQs), this single submission will cover all Purchase of Service or Open Order contracts within expenditure classification codes M03, MM3, M05, and M06. As PPA, DMR will notify its providers as well as EOHHS of each provider's prequalification status using the EOHHS Contracting & Ready Payment Prequalification Form.

For FY'94 contracting, a number of policy and procedural changes have occurred. The most significant ones are:

- New Related Party Rules;
- New Master Agreement Attachment 3;
- Executive Order 346;
- Request for Verification of Taxation Reporting Information W-9 Form;
- Multiple Entity/Vendor Code Form; and
- Administrative Audit Compliance Agreement.

I. Related Party Requirements:

Attached is Commissioner Campbell's memorandum of December 2, 1992 which highlights the significance of this issue to DMR and identifies the parameters of the reporting requirements. While related party transactions are recognized in regulation as a part of the purchase of service system, they are subject to different rules and standards than are other transactions. As stated in the Commissioner's memorandum, given the complexity of applying the related party rules to specific circumstances, we must require that you identify any relationship that could even be considered to be a related party. It is our desire, and intent, to work with you in those instances to determine whether or not the relationship is related.

Also included in the enclosed information is an extensive description of related parties just prepared by the Division of Purchased Services (DPS). It should help in applying the related party standards to you organization. Any additional information on the DPS statement developed by DMR will be forwarded as it becomes available.

The following information must be included as a part of your organization's prequalification submission in order to be considered complete by DMR:

A. The attached Related Party Disclosure Worksheet, which closely mirrors the one included in the DPS elucidation on this issue must be completed and submitted. Please consider each of the eight categories of related parties individually and check off whether it does or does not apply, or, whether you are not sure if the relationship is related, or if it could even be considered to be related. As noted below, you will be asked to explain the relationship;

B. Please identify if the related party transaction (or potential related party transaction as noted in item (A) above) falls into any one of the following categories by checking off the appropriate line on the worksheet:

1. Real estate transactions;
2. Management company commitments;
3. Leases or rentals of vehicles or equipment;
4. Loans or lines of credit received or given; or
5. Any transactions with another private organization that involves a significant amount of funds.

C. If any one of the five categories identified in item (B) above exists, the following additional information must be submitted, even if, as noted in item (A) above, you are not sure if the relationship is related or if it could even be considered to be related. We must ask for this information even in the latter cases

so that we can work together to determine whether the transaction is related. The submission requirements are:

1. A detailed description of the services or products provided;
2. An identification of the costs involved and whether it was a one time or is an ongoing occurrence;
3. If it is an ongoing relationship, an estimate of the costs for the current fiscal year;
4. Names of the members of the Board of Directors of the related organization including their professions and the dates of appointment and term;
5. An organization chart for the related organization;
6. The Articles of Organization and the by-laws of the related organization;
7. The most recently completed audited financial statement of the related organization. If there is no audited financial statement, please explain why this information has not been compiled;
8. If you are not sure if the transaction involves a related party, please submit any other information that may be relevant to making that determination;
9. Indicate if the related party is an individual rather than an organization. In such a case, the Board or Directors, organization chart, Articles of Organization, and audited financial statement may be omitted.

D. For all related party transactions (or potential transactions as noted in item (A) above), that do not fall into any of the five categories identified in item (B), all of the information required in item (C) must be submitted except for item #6, the audited financial statement.

If a related party relationship exists, or could even be considered to exist, but it does not involve any of the five categories identified in item (b), the reporting requirements are the same as above with the exception of item number 6 which would not be required.

II. Other Requirements for FY'94:

A. Non-Profit providers must submit a copy of their Uniform Financial Report (UFR) for the most recently completed fiscal year. If you feel your agency qualifies for an exception/exemption to filing the complete UFR, please refer to the Exceptions/Exemptions attachment for complete details on the submission requirements for your agency. If you qualify for an exception/exemption please indicate the paragraph number, and subparagraph letter, if applicable, on the UFR Cover Page beside the caption Exception/Exemption Code #.

RELATED PARTY DISCLOSURE WORKSHEET

Transactions or receivables and payables to or from the reporting provider with:

1. A director, stockholder, partner, administrator, manager, trustee, or relative of reporting provider now or within preceding five years.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Management Company Commitments <input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment <input type="checkbox"/> Loans Or Lines of Credit <input type="checkbox"/> Other Transaction Involving Significant Funds <input type="checkbox"/> None Of The Above Five Major Categories
--	---

2. Another organization in which a person or a relative who served as a director, stockholder, partner, administrator, manager, trustee, or, was a relative of such a person and also serves in one of the same capacities with the reporting provider now or within the preceding five years.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Management Company Commitments <input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment <input type="checkbox"/> Loans Or Lines of Credit <input type="checkbox"/> Other Transaction Involving Significant Funds <input type="checkbox"/> None Of The Above Five Major Categories
--	---

3. Any organization, corporation, partnership, or fiduciary trust, or indirectly through intermediaries, where any common ownership or control is held by a person who is or was within the preceding five years a director, stockholder, partner, administrator, manager, trustee, or relative of such a person of the reporting provider or another organization in which such a person also serves in one of the same capacities or did within the preceding five years.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Management Company Commitments <input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment <input type="checkbox"/> Loans Or Lines of Credit <input type="checkbox"/> Other Transaction Involving Significant Funds <input type="checkbox"/> None Of The Above Five Major Categories
--	---

4. Another corporation, partnership, organization, or individual doing business solely with the provider or the providers related parties.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Management Company Commitments <input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment <input type="checkbox"/> Loans Or Lines of Credit <input type="checkbox"/> Other Transaction Involving Significant Funds <input type="checkbox"/> None Of The Above Five Major Categories
--	---

5. A person or organization, or indirectly through intermediaries, associated in a joint program or business venture in which the reporting provider or other person or organization receives financial benefit.

<input type="checkbox"/> Yes	<input type="checkbox"/> Real Estate Transaction
<input type="checkbox"/> No	<input type="checkbox"/> Management Company Commitments
<input type="checkbox"/> Not Sure	<input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment
<input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Loans Or Lines of Credit
	<input type="checkbox"/> Other Transaction Involving Significant Funds
	<input type="checkbox"/> None Of The Above Five Major Categories

6. A person or organization, or indirectly through intermediaries, is affiliated with the reporting provider and controls the reporting provider.

<input type="checkbox"/> Yes	<input type="checkbox"/> Real Estate Transaction
<input type="checkbox"/> No	<input type="checkbox"/> Management Company Commitments
<input type="checkbox"/> Not Sure	<input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment
<input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Loans Or Lines of Credit
	<input type="checkbox"/> Other Transaction Involving Significant Funds
	<input type="checkbox"/> None Of The Above Five Major Categories

7. A person or organization, or indirectly through intermediaries, is affiliated with the reporting provider controls the person or organization.

<input type="checkbox"/> Yes	<input type="checkbox"/> Real Estate Transaction
<input type="checkbox"/> No	<input type="checkbox"/> Management Company Commitments
<input type="checkbox"/> Not Sure	<input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment
<input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Loans Or Lines of Credit
	<input type="checkbox"/> Other Transaction Involving Significant Funds
	<input type="checkbox"/> None Of The Above Five Major Categories

8. A person or organization, or indirectly through intermediaries, is affiliated with the reporting provider and the reporting provider is under common ownership or management control with the person or organization.

<input type="checkbox"/> Yes	<input type="checkbox"/> Real Estate Transaction
<input type="checkbox"/> No	<input type="checkbox"/> Management Company Commitments
<input type="checkbox"/> Not Sure	<input type="checkbox"/> Lease Or Rental Of Vehicles Or Equipment
<input type="checkbox"/> Could Be Considered To Be	<input type="checkbox"/> Loans Or Lines of Credit
	<input type="checkbox"/> Other Transaction Involving Significant Funds
	<input type="checkbox"/> None Of The Above Five Major Categories

Prepared for DPS by:
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Mady Kimmich

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APPENDIX B

CONTRACT MONITORING INSTRUMENT

Contract Monitoring Instrument

Part I - Operational Review

Contracting Department: _ _ _

Contract Officers

Contract ID # _____ State: _____ Phone: _____

Contract Term: _ / _ / _ to _ / _ / _ Prov.: _____ Phone: _____

Agency Name _____ Check One: ☐ Not for Profit ☐ For-Profit

Address _____ Vendor ID #: _____

_____ Applicable Financial Report:

City, State, Zip: _____, _____ ☐ UFR ☐ Other RSC ☐ Exempt

Agency Phone #: _____ If Exempt, Indicate Reason: _____

Program(s) Name(s): _____
(for this contract)

Program Address: _____

MMARS Program Code: _ _ _ _

Program Address: _____

Prog. # (from UFR) _____

City, State, Zip: _____, _____

Contract Last Bid: _ / _ / _

1. Licensing Status: Indicate for all applicable licenses, whether it is (A) Active, (S) Suspended, (T) Temporary; (E) Expired.

☐ OFC ☐ DOE ☐ DMR ☐ DMH ☐ DPH ☐ MRC

☐ DPW ☐ Board of Health ☐ Building Insp. ☐ Other: _____

2. Please indicate the number of site visits this program received, over the last year, for monitoring purposes:

☐ 0 ☐ 1 ☐ 2 ☐ 3 - 5 ☐ 6 - 10 ☐ 10 +

3. Type of Contract: ☐ Unit Rate ☐ Cost Reimb. ☐ Performance ☐ Other

4. Please check the most appropriate unit of service for the contract? (For all contracts)

☐ Days ☐ Hours ☐ Visits ☐ Encounters ☐ Other: _____ ☐ None

If none, please indicate why.

Certification: The undersigned hereby agree that the information contained in Part I and Part II (if applicable) is accurate and that reasons for differences have been noted and action plans developed.

For the Provider

For the Commonwealth

The following questions ask for key performance data on the operations of the contract and program during the past year. Please refer to the instructions if you have any questions.

In the column to the right, please indicate the :

5. Total unit capacity of the contract.

Capacity: _____

6. Actual units for the contract. (Use the same unit as in capacity, above.)

Utilization: _____

7. Utilization Ratio.

Utilization ratio: _____
Utilization / Capacity

8. Number of clients served by the contract in the past year.
(Please indicate whether this is actual or estimated.)

Clients: _____
___ Actual ___ Estimated

9. Average number of service units per client.

Units/Client: _____

10. Number of employees funded by this contract.

of Employees _____

11. Annual turnover rate among your direct care staff.
(Include all staff who are responsible for face to face client contact.)

Annual Turnover: _____%

FINANCIAL MONITORING

12. Annual FY' 90 Maximum Obligation - Beginning of year.

\$ _____

13. Actual FY' 90 Reimbursement - End of year.

\$ _____

14. Total FY' 90 Income for this program. (Include all sources.)

\$ _____

15. Actual FY' 90 expenditures for this program.

\$ _____

16. Personnel Cost Percentage - FY' 90.

___ % ___ N/A

17. Massachusetts percentage of Total Program Revenue. (See Instructions.)

___ %

18. Program Percentage of Total Agency Expense.

___ %

19. Were any major program deficiencies identified during the contract period? ___ Yes ___ No
If yes, Please indicate the status of the corrective action.

___ Completed ___ In Progress ___ No Progress ___ Unknown

20. Status of annual Contract Performance Evaluation (Part II, CMI, if required).

___ Completed ___ In progress ___ Scheduled / / ___ None (Indicate reasons for exemption.)
(Date)

Contract Monitoring Instrument

Part II - Performance Evaluation

Department: Contract ID # Contract Term: / / to / / Agency:

Please evaluate the extent to which contract performance met your expectations:

Program Areas	Provider	State
21. Timeliness of services, such as intakes, assessments and discharges.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
22. Compliance with programmatic requirements, including licensing and program standards outlined in the RFP.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
23. Quality of physical environment and equipment.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
24. Delivery of service to target and priority populations, as described in the proposal.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
25. Quality of employees.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
26. Quality of staff training and development.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
27. Overall quality of program.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
FINANCIAL AND ADMINISTRATIVE ISSUES		
28. Thoroughness of record keeping and documentation.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
29. Timeliness and accuracy of programmatic reports.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
30. Timeliness of financial reports and billing.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
31. Accuracy of financial reports and billing.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations
32. Financial strength and resources of the provider.	1---2---3---4---5 Below Met Above Expectations	1---2---3---4---5 Below Met Above Expectations

To note any reasons for significant differences (a difference of 2 or more) in ratings for the above areas, attach an additional page.

Contract Monitoring Instrument

Part II - Evaluation of Goals and Objectives

This part of the CMI is a review of the goals and objectives from Attachment A of the Contract. Use additional sheets for more goals. Attach a sheet indicating any reasons for disagreement.

Description and Criteria

Provider

State

Goal #:____ Description: _____

1---2---3---4---5
Below Met Above
Expectations

1---2---3---4---5
Below Met Above
Expectations

Key Factors:

Key Factors:

List any performance criteria

1.

1.

2.

2.

3.

3.

Goal #:____ Description: _____

1---2---3---4---5
Below Met Above
Expectations

1---2---3---4---5
Below Met Above
Expectations

Key Factors:

Key Factors:

List any performance criteria

1.

1.

2.

2.

3.

3.

Goal #:____ Description: _____

1---2---3---4---5
Below Met Above
Expectations

1---2---3---4---5
Below Met Above
Expectations

Key Factors:

Key Factors:

List any performance criteria

1.

1.

2.

2.

3.

3.

Goal #:____ Description: _____

1---2---3---4---5
Below Met Above
Expectations

1---2---3---4---5
Below Met Above
Expectations

Key Factors:

Key Factors:

List any performance criteria

1.

1.

2.

2.

3.

3.

CMI Part I - Instructions

Part I of the Contract Monitoring Instrument (CMI) collects basic programmatic and financial data for each contract. This information will be used as a part of a centralized database maintained by the Division of Purchased Services for the development of policy and review of compliance.

The provider should complete the information on Pages 1 and 2 based upon financial and programmatic records. These forms should then be forwarded to the contract officer at the purchasing agency. Note that most of the questions on these two pages are contract specific. If several contracts fund the same program, Part I should be completed for each contract.

Information specific to the program includes the program name and address, the MMARS program code, as used by the purchasing department and approved by EOHS, the program number (assigned by the provider as reported on the Uniform Financial Report or other applicable financial statement, and the date that the contract was last competitively bid.

1. Information on the status of licensing for the program should be completed for each applicable type of license which covers this program. Do not report on licenses which concern other programs operated by your agency. Include information on any other types of licenses or accreditations which may relate to the program operations.
2. Indicate the number of site visits for contract monitoring purposes only. Do not include visits by state managers which may be for other purposes (case conferences, special meetings or events, etc.).
3. Unit rate contracts include all programs which bill for services according to the number of units delivered, regardless of the manner in which the rate was set (e.g. class rates). Performance contracts may involve several different methods for payment and payment is generally contingent upon the completion of certain program goals (examples include job placements, GED completions, etc.).
4. Please indicate the type of unit which is most relevant to the operation of the contract, whether or not the contract was reimbursed on a unit basis.
5. Total unit capacity refers to the maximum number of units able to be delivered by your program (100% not the 85% utilization level). Please complete the information for cost reimbursement contracts also, where possible. For slot-based contracts, in which there is a licensed and fixed number of slots available for use, please indicate the number of slots times the number of days of program operation (dynamic capacity). Hourly contracts should be calculated consistent with the method used to calculate the rate.
6. Actual utilization for the contract refers to the number of units actually delivered. In contracts where the rate is calculated using the 85% capacity (or a similar percentage) rule, this should include those units delivered but not able to be billed at the end of the year if the utilization rate exceeds 85%.
7. The utilization ratio is calculated by dividing the utilization by the capacity.
8. In calculating the number of clients served, count the total number of individuals served (dynamic capacity), including those that result from turnover in the contract. In the case of hourly services, such as counseling, count the total number of individuals served. For instance, in families and groups, please count the total number of family or group members participating in treatment. Should exact client data not be available, please use your best estimates. One way to arrive at this estimate is to count case files, another might be to determine an average number of units per case, based upon billing records. Apply this to the total number of units billed. This should be reviewed and the method discussed with your contract monitor. We recognize that in certain services, such as emergency services, information and referral, advocacy and outreach, it may be very difficult to count the number of clients served. We believe, however, that the collection of this information is critical to maintaining the political and financial support for the human service system.
9. Average number of units per client should be calculated by dividing the actual utilization by the number of individuals served.
10. In calculating the number of direct care employees funded by this contract, include the total number of contract specific direct care positions and an allocation of the number of administrative positions based upon this contract's administrative revenues as a percentage of the total administrative costs.

11. The annual turnover rate for direct care positions is calculated by determining the total number of direct care positions (FTE's) in this program (not contract) as the divisor and the number of times that staff in these direct care positions left employment of the agency as the numerator. Do not count internal promotions or transfers, as they will be counted in other positions or programs and they are not reflective of agency turnover.

Financial Monitoring Information:

The first four items should be self explanatory. Note that the first two refer to the contract and the second two, the program. Where this contract purchases all the capacity of the program and there are not other sources of income, the contract reimbursement and the program income may be the same.

16. To calculate the personnel cost percentage, include Employee Compensation, Prog. Consultants, Subcontracts, and Provider reimbursements (lines 1 - 4, from the Uniform Financial Report) as the personnel costs. Divide this by the total program costs.

17. The Massachusetts percentage of total program revenue should be calculated from the UFR, Total Revenue from the Commonwealth of Massachusetts (line 7, Supplemental Schedule A) as a percentage of program's Total Service Fees and Reimbursements (line 14, schedule A).

18. Similarly the program percentage of total agency expense should be calculated by dividing the total program expense by the total agency expense after the allocation of administrative costs.

20. At the bottom of Part One please indicate the status of any program deficiencies which were noted during the year as well as the status of the contract performance evaluation effort which includes a review of performance and the goals and objectives of the contract.

CMI Part II - Instructions

Part II of the CMI is to be used by those departments that do not have a substitute monitoring process. The Division of Purchased Services requires certification that a performance evaluation was conducted, but does not require submission of this instrument at this time. Purchasing agencies may require that copies of the final evaluation be forwarded to central office so that they may monitor contract performance and management. Certification of evaluation is requested at the bottom of Part I of the CMI.

The questionnaire utilizes self-assessment in conjunction with evaluation by state contract managers on each of the areas of contract review. Providers should complete the document first, sending an original copy to their contract officer. We suggest that the instrument be used internally with provider staff, to focus on the internal review of performance. We have selected a five point scale to describe provider and state perceptions of the degree to which the program and management met the expectations for the service.

After completion of the form by state managers, areas of excellence should be highlighted and praised. If there is any disagreement, the reasons should be noted at the bottom of page 1 and in an attachment at end of the questionnaire. Both state and provider managers should review the document upon completion and discuss areas which need improvement, developing corrective action plans and clarifying any expectations for the contract that may be unclear.

The questionnaire addresses a variety of general areas of contract performance on the first page, including general program quality, timeliness, accuracy of administrative work and quality of services.

On the second page, each of the individual goals and objectives should be reviewed from Attachment A in the contract with a particular focus on the performance criteria outlined in section VII, Program Assessment, of the contract. Each of the questions and areas for review has been listed on the left. On the right, two columns contain ratings for provider self-assessments and state evaluation scores. Key factors affecting the ratings should be indicated on the form and any reasons for significant differences should be noted on an attached page.

